

# Citizen Service Questionnaire

## How Are We Doing?

Our records indicate that on \_\_\_\_\_ you received service or contact from an employee of the City of Fairfield, Public Utilities Wastewater Division.

As a follow up, the City Manager and City Council would like your feedback on the quality of the service or contact provided. Please complete the brief information requested below, and use the self addressed, stamped envelope to return the form to us.

Thank you in advance for taking the time to complete this questionnaire.

### COMMUNICATION SKILLS:

1. Did the employee listen to you? Was he/she attentive? ☐ Yes ☐ No
2. Was the employee helpful and cooperative? ☐ Yes ☐ No
3. When the employee spoke, was he/she clear and understandable? ☐ Yes ☐ No
4. Did the employee's attitude and tone of voice help the situation? ☐ Yes ☐ No
5. Were you treated courteously, with respect, even though you may have disagreed with the action taken? ☐ Yes ☐ No
6. Did you receive an explanation for the action taken? ☐ Yes ☐ No

### SERVICE SKILLS:

7. Did the program, service or activity meet your expectations? ☐ Yes ☐ No
8. Did the employee have an appropriate appearance, considering his/her occupation? ☐ Yes ☐ No
9. Did the employee remain calm and composed handling the situation? ☐ Yes ☐ No
10. Was the employee timely and prompt in responding and taking care of the issue? ☐ Yes ☐ No
11. Did the employee suggest other ways to help? ☐ Yes ☐ No

### OTHER COMMENTS:

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### OVERALL QUALITY OF SERVICE

EXCELLENT	GOOD	OK	UNSATISFACTORY	POOR
5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

Thank you again for taking time to complete this questionnaire. Your name and contact information below may be helpful if clarification is needed, but is not required.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_